



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

LEAVE WITHOUT PAY INSURANCE OPTIONS — STATE, UT AND BOARD OF REGENTS

State of Tennessee • Department of Finance and Administration • Division of Insurance Administration

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INSTRUCTIONS: Read the following information regarding your insurance options while on an approved leave of absence. Select an option, then sign, date and return this form to your agency insurance preparer.

FAMILY MEDICAL LEAVE (FMLA)

- Maximum period of 12 weeks during a 12-month period. Leave is approved by the employing agency.
- You will continue to pay 20% of the health premium through direct monthly billing once you are no longer receiving a paycheck. When you have been on leave without pay for a **full calendar month**, your insurance preparer must notify the Division of Insurance Administration to transfer billing to your home address. You will also be billed for any optional programs in which you are enrolled.
- If on approved FMLA, you cannot be placed on a Code 21 until FMLA has been exhausted and you have been without pay for one full calendar month.
- When all family medical leave has been exhausted, you must either return to work, request to suspend coverage or request to continue coverage and pay 100% health premium.

LEAVE WITHOUT PAY — INSURANCE SUSPENDED (CODE 22)

- Maximum period of two years.
- All programs are suspended including any optional life or dental.
- You must request to suspend coverage by completing this form prior to going on an approved leave or being in a past due status.
- **Re-enrollment is not automatic.** Within 31 days after returning to active employment you must complete an Enrollment/Change Application to re-enroll (or 90 days if returning from military leave). If you fail to re-enroll timely, you will only be eligible by satisfying one of the special enrollment provisions or qualify through medical underwriting.
- You may be eligible to enroll under spouse coverage as a dependent if your spouse is also an employee. If doing so, life benefits are reduced to the dependent level.
- You will be subject to PPO and POS (out of network) six month pre-existing condition if returning to work after six months if a Certificate of Coverage for other health coverage is not provided.
- Please refer to the Insurance Handbook for further information regarding reinstating coverage.

LEAVE WITHOUT PAY — INSURANCE CONTINUED (CODE 21)

- Maximum period of two years.
- You will be billed at home for 100% premium once you have exhausted FMLA and have been without pay for one full calendar month.
- You can later suspend coverage (code 22) if unable to continue to pay premiums **prior to insurance terminating for non-payment or being in a past due status.**
- When returning to active duty, the Division of Insurance Administration must be notified to change the appointment type or you will continue to be billed at home **and** subject to a payroll deduction.
- If insurance terminates for non-payment of premium, you must satisfy one of the special enrollment provisions or qualify through medical underwriting to re-enroll.

TO BE COMPLETED BY EMPLOYER

- ☐ Employee is on FMLA, but has been without pay for one full calendar month. Send monthly bill to home address effective _____.
- ☐ Employee exhausted FMLA on _____ and has been without pay for the full calendar month of _____. They should begin paying 100% premium effective _____.

TO BE COMPLETED BY EMPLOYEE

Once I do not qualify for FMLA, have exhausted all leave and have been without pay for the entire month, I choose the following option regarding my insurance coverage. I acknowledge the guidelines set forth above and accept the terms and conditions contained therein.

- ☐ Request to Suspend Coverage (Code 22) to be effective _____.
- ☐ Request to Continue Coverage (Code 21) to be effective _____.

Employee Signature	Social Security Number	Date
Insurance Preparer Signature	Agency	

Completed form to be sent to the Division of Insurance Administration. Notify Division of Insurance Administration when employee returns to work.